

*Fairfax County Retirement Systems*

# Change of Address Form

School Employee Members of the Employees' Retirement System

**NAME** \_\_\_\_\_  
(please print)

**SOCIAL SECURITY #** \_\_\_\_\_

**OLD ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New/Current phone number:** \_\_\_\_\_

**Date of move:** \_\_\_\_\_

If you no longer reside in Virginia, state tax withholding will cease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to:*  
**Fairfax County Retirement Administration Agency**  
**703-279-8200 \* 1-800-333-1633 \* 703-273-3185**  
**10680 Main Street, Suite 280**  
**Fairfax, VA 22030**